Employee Benefit Specialists
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## INFORMATION RELEASE DOCUMENT

Legislation has been enacted to protect confidential or personal information for much of the benefit information that EBS stores to administer your benefit plan. That protected information cannot be released to a spouse, or other person, without authorization from you, as the plan participant. If you would like to have EBS release your account balance, or relative information about the benefit in which you are participating, please complete this form in it's entirety and return to EBS.

What is PHI? Protected health information (PHI) is individually identifiable information, which is created, modified, received or maintained by a covered entity that relates to an individual's past, present or future physical or mental condition, treatment, or payment for care. It includes a person's name or information that taken together could be used to identify a person, such as:

- Date of birth
- Medical records number
- Address, zip code
- License numbers
- Social Security Number
- Gender
- Health plan beneficiary numbers
- Phone number, email address, fax number, IP address
- Full face photographic images

THIS FORM IS: ❍ NEW ❍ REPRESENTS A CHANGE ❍ TERMINATED

### Authorization Form

Your Name: _____ SSN: _____

Name of Company you work for: _____

### Name of person(s) that you authorize EBS to release information to and their relationship to you:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

### Benefit Plan(s) for which you authorize release of information:

___ Flexible Spending Accounts - Dependent Care / Medical Care Reimbursement Plans

___ Commuter Choice – Transit/Parking Plans

___ COBRA

___ Voluntary Insured Benefits

___ Retiree Benefits

___ Other (explain) _____

I agree that EBS may release information as requested by those I have named as authorized above, until this authorization is terminated or revoked by me in writing. I understand that the information my authorized representative may receive may include medical or other personal information as stored in EBS' database for the benefit in which I am participating.

Signature: _____ Date: _____